

07/06/2004 17:02 FAX 7275078668
JUL 06 2004
PATENT & TRADEMARK OFFICE
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Smith&Hopen, P. A.

003/004

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

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21901 7590 04/05/2004

SMITH & HOPEN PA
15950 BAY VISTA DRIVE
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CLEARWATER, FL 33760

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Shelley Butz	(Depositor's Name)
<i>Shelley Butz</i>	(Signature)
July 6, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/064,847	08/22/2002	Aldo A. Laghi	1098.37	3128

TITLE OF INVENTION: PROSTHETIC FOOT WITH MEDIAL/LATERAL STABILIZATION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$0	\$665	07/06/2004
EXAMINER		ART UNIT	CLASS-SUBCLASS		
STEWART, ALVIN J		3738	623-053000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Ronald E. Smith

2. Smith & Hopen, P.A.

3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

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(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent): individual corporation or other private group entity government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

Issue Fee

A check in the amount of the fee(s) is enclosed.

Publication Fee

Payment by credit card. Form PTO-2038 is attached.

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(Date)

7/6/04

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PTOL-85 (Rev. 11/03) Approved for use through 04/30/2004.

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FAX

 INTELLECTUAL PROPERTY LAW

To:	U.S. Patent & Trademark Office	From:	Anton J. Hopen
Attn:	Mail Stop Issue Fee	Client:	1098.37
Fax:	(703) 746-4000	Pages:	4 including coversheet
Phone:		Date:	July 6, 2004
Re:	USSN: 10/064,847	CC:	Dr. Aldo Laghi

Urgent For Review Please Comment Please Reply Please Recycle

Dear Sir or Madam:

In response to the Notice of Allowance mailed on April 5, 2004, we enclose the following:

- 1) Transmittal of Payment of Issue Fee with Certificate of Facsimile Transmission under 37 CFR 1.8(a) dated July 6, 2004 (1 page);
- 2) Form PTO-85 (1 page); and
- 3) Credit Card Payment Form PTO-2038 in the amount of \$865.00 (1 page).

Very respectfully,

Anton J. Hopen
 Reg. No. 41,849

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JUL 06 2004

Practitioner's Docket No: 1098.37

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Aldo A. Laghu)
 Serial No.: 10/064,847) Art Unit: 3738
 Filed: 08/22/2002) Examiner: Alvin J. Stewart
 For: Prosthetic Foot with Medial/Lateral Stabilization) Confirmation No. 3128
)
)
)

Faxed to (703) 746-4000
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 P.O. Box 1450
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TRANSMITTAL OF PAYMENT OF ISSUE FEE (37 C.F.R. 1.311)

1. Applicant hereby pays the issue fee for the attached Issue Fee Transmittal PTOL-85.
2. Fee (37 C.F.R. 1.18(a)):

Regular

Application status is Small Entity—fee: \$665.00
 3. Payment of fee:
 Enclosed please find Credit Card Payment Form PTO-2038 for \$665.00

SIGNATURE OF PRACTITIONER

Reg. No. 41,849
 Anton J. Hopen
 Tel. No.: (727) 507-8558
 Suite 220
 15950 Bay Vista Drive
 Clearwater, FL 33760

CERTIFICATE OF FACSIMILE TRANSMISSION
(37 C.F.R. 1.8(a))

I HEREBY CERTIFY that this correspondence and payment is being transmitted to the United States Patent and Trademark Office by facsimile to (703) 746-4000 on July 6, 2004.

Dated: July 6, 2004

Shelley Butz
Shelley Butz